

4-12-01

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PTO/SB/05 (2/98)

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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. §1.53(b))

Attorney Docket No.

PC10887AJAK

First Named Inventor or Application Identifier

Maria S. Brown, et al.

Title

Microbial Reductase Useful For The Stereoselective Reduction of a Racemic Tetralone

Express Mail Label No.

EL710829745US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. *Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)

2. Specification [Total Pages 39]

- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R&D
- Reference in Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

3. Drawing(s) (35 U.S.C. 11.3) [Total sheets]

4. Oath or Declaration [Total pages 3]

- a. Newly executed (original or copy)
- b. Copy from a prior application (37 CFR §1.63(d))
(for continuation/divisional with Box 17 completed)
[Note Box 5 below]
 - i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§1.63(d)(2) and 1.33(b).

5. Incorporation By Reference (useable if Box 4b is checked)
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

6. Microfiche Computer Program (Appendix)

7. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)

- a. Computer Readable Copy
- b. Paper Copy (identical to computer copy)
- c. Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

8. Assignment Papers (cover sheet & document(s))

9. 37 C.F.R. §3 73(b) Statement Power of Attorney
(when there is an assignee)

10. English Translation Document (if applicable)

11. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations

12. Preliminary Amendment

13. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)

14. *Small Entity Statement(s) Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)

15. Certified Copy of Priority Document(s)
(if foreign priority is claimed)

14. Other: Priority Claim

*NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

17. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment: Continuation Divisional Continuation-in-part (CIP)

of prior application No: _____ / _____

Prior application information: Examiner _____ Group/Art Unit: _____

18. CORRESPONDENCE ADDRESS

(Insert Customer No. or Attach bar code label here)

or Correspondence address below

Name	Gregg C. Benson				
Address	Pfizer Inc.				
Address	Patent Department, MS 4159, Eastern Point Road				
City	Groton	State	CT	Zip Code	06340
Country	United States Of America	Telephone	1-(860)-441-4901		Fax 1-(860)-441-5221

NAME (Print/type)	Jennifer A. Kispert		Registration No. (Attorney/Agent)	40,049
Signature			Date	4-12-01

UTILITY TRANSMITTAL PTO SB 05, 9/99, (1/1)

EXPRESS MAIL NO. EL710829745US

FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.
These are the fees effective October 1, 2000.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.

Total Amount of Payment (\$710.00)

Complete if Known	
Application Number	To Be Assigned
Filing Date	Herewith
First Named Inventor	Maria S. Brown, et al.
Examiner Name	To Be Assigned
Group/Art Unit	To Be Assigned
Attorney Docket No.	PC10887AJAK

METHOD OF PAYMENT (check one)

1. The commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 16-1445

Deposit Account Name Pfizer Inc.

Charge Any Additional
37 Fee Required Under
C.F.R. §§ 1.16 and 1.17. Charge the Issue Fee Set in
37 C.F.R. § 1.18 at the Mailing
of the Notice of Allowance

2. Payment Enclosed:

Check Money Order Other

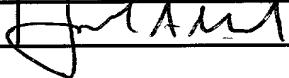
FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity								
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid				
104	710	201	355	Utility filing fee	710.00				
106	320	206	160	Design filing fee					
107	490	207	245	Plant filing fee					
108	710	208	355	Reissue filing fee					
114	150	214	75	Provisional filing fee					
SUBTOTAL (1) (\$)		710.00							
2. EXTRA CLAIM FEES									
		Extra Claims	Fee from below	Fee Paid					
Total Claims	2	-20**=	0	X 18 =	0				
Independent Claims	1	- 3**=	0	X 80 =	0				
Multiple Dependent				=	0				
** or number previously paid, if greater; For Reissues, see below									
Large Entity		Small Entity							
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description					
103	18	203	9	Claims in excess of 20					
102	80	202	40	Independent claims in excess of 3					
104	270	204	135	Multiple dependent claim, if not paid					
109	80	209	40	**Reissue independent claims over original patent					
110	18	210	9	**Reissue claims in excess of 20 and over original patent					
SUBTOTAL (2) (\$)		0							
*Reduced by Basic Filing Fee Paid									
SUBTOTAL (3) (\$)									
0									

SUBMITTED BY

Type or Printed Name Jennifer A. Kispert

Signature 

Complete (if Applicable)

Reg. Number 40,049

Deposit Account User ID 16-1445

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